

**Industrial Stormwater General Permit National Pollutant Discharge Elimination System (NPDES)**

**Discharge Monitoring Report (DMR)**

<b>Site Name:</b> ALASKAN COPPER WORKS	WAR000139	CB330001
<b>Site Address:</b> 3200 6th Avenue South		Sampling Point
<b>City:</b> Seattle	<b>County:</b> King	

Submit **one** DMR per sampling point.

Reporting Period			
Quarter (indicate) Year: 2010			
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<input type="checkbox"/> Jan/Feb/Mar	<input checked="" type="checkbox"/> Apr/May/Jun	<input type="checkbox"/> Jul/Aug/Sept	<input type="checkbox"/> Oct/Nov/Dec

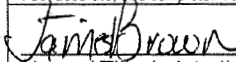
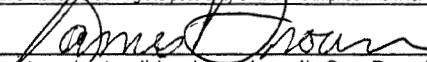
Parameter	Units	Benchmark Value (Effluent Limit)*	Analytical Method	Laboratory Quantitation Level	Sample Results			
					SINGLE SAMPLE RESULT	SINGLE SAMPLE DATE (MM/DD)	AVERAGE <small>(If more than one sample collected, complete additional sampling log on next page.)</small>	CONSISTENT ATTAINMENT? <small>(Condition S4.B.6) (✓ for yes)</small>
Turbidity	NTU	25	EPA 180.1, Meter	0.5	21.1	06/02	N/A	<input type="checkbox"/>
pH	s.u.	5 - 9	Meter	±0.5	7.3	06/02	N/A	<input type="checkbox"/>
Zinc, Total	µg/L	117	EPA 200.8	2.5	119	06/02	N/A	<input type="checkbox"/>
Oil Sheen	Yes/No	No visible oil sheen	N/A	N/A	Sheen Present? <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	06/02	N/A	N/A
Copper, Total	µg/L	Western WA: 14 Eastern WA: 32	EPA 200.8	2.0	132	06/02	N/A	<input type="checkbox"/>
Lead, Total	µg/L	81.6	EPA 200.8	0.5	16.7	06/02	N/A	<input type="checkbox"/>
Total Petroleum Hydrocarbons (TPH)	mg/L	10	NWTPH-Dx	0.1	10.30	06/02	N/A	<input type="checkbox"/>

☐ No sample collected – No stormwater was discharged during normal working hours.

☐ No sample collected – Stormwater was discharged during normal working hours, but a sample wasn't collected (explain in comments section).

ADDITIONAL COMMENTS:

Certification Statement: I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 Name / Title (printed)	Operations Mgr.	 Signature (not valid unless signed). See Permit Condition G2 for signature requirements.	8/4/10 Date Signed
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